

APPLICATION FOR ENDORSEMENT *OR* ENDORSEMENT PLAN (SAEP) Work-based Learning

This endorsement attaches to Secondary and Career and Technical Education Licenses only

Credits Required: 16 semester (24 quarter)

Transcripts must be attached to verify applicable course work

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #		
Home Address			City	State	Zip	Work Phone ()
E-mail Address						Home Phone ()
Current Teaching/License Status <input type="checkbox"/> Not Teaching OR Teaching at: (School) _____ (District) _____ Educator License(s) held: <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career and Technical Education <input type="checkbox"/> Other _____						
Check only one	<input type="checkbox"/> I am requesting the work-based learning endorsement. Sixteen credits have been completed and the appropriate documentation is attached. An endorsement evaluation fee of *\$35.00 is enclosed. OR					
	<input type="checkbox"/> I am submitting a State Approved Endorsement Plan (SAEP) for the work-based learning endorsement. Course requirements will be completed within the timeframe identified in the plan. An endorsement evaluation fee of *\$30.00, paid by my School District , is enclosed.					

This endorsement authorizes the instructor to teach all approved work-based learning courses

Course Information (List both completed and future information)	Credits	Year	Institution	Course #	Credits Earned
Work-based Learning Basic Training	1.0				
Certified Apprenticeship Representative Training	1.0				
Work-based Learning Summer Conference Yr. 1	1.0				
Work-based Learning Summer Conference Yr. 2	1.0				
Business Communications	3.0				
Introduction to Marketing/Principles of Marketing	3.0				
Business Management Essentials	3.0				
Instructional Technology	3.0				
Other – Pre-approved by State Specialist					
Total Credits Required	16	Total Credits			

Signature of Applicant	Date
X	
Submit completed application and official transcripts or other documentation to: Stephanie Ferris, USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752 \$35.00 endorsement fee or \$30.00 SAEP fee must be included with this application (*see information above)	

----- Information below to be completed by USOE personnel -----

Endorsement Recommended	Work-based Learning	SAEP Approved for _____ years <input type="checkbox"/> SAEP not approved _____ work credits _____ course credits _____ total credits	
		CTE Specialist Signature _____ Date _____	
		Endorsement Awarded	
		CTE Specialist Signature _____ Date _____	